



Infectious disease outbreak related stigma and discrimination during the COVID-19 pandemic: Drivers, facilitators, manifestations, and outcomes across the world

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Being part of a social minority (e.g. migrants, people of color or Asian descent in Western countries) is not itself a risk factor for contracting Coronavirus disease-2019 (COVID-19). However, certain groups of people across the world are being targeted by COVID-19 related stigma (COS) and discrimination, which constitutes a growing concern (Bagcchi, 2020). There is an urgent need to better understand it, as it may pose a barrier for accessing testing and health care and for maintaining treatment adherence (Stangl et al., 2019). It is very likely that COS is the consequence of multiple socio-ecological drivers (e.g., fear, misinformation) and facilitators (e.g., racism, poverty) (Logie, 2020). In this letter, we attempt to explore COS related factors based on

the real-life experiences of a group of psychiatrists from thirteen countries using the health stigma and discrimination framework (HSDF) (Stangl et al., 2019). We categorized these experiences as per the process domains (such as drivers, facilitators); and these process domains along with examples/responses are depicted in Fig. 1.

In the majority of represented countries, COS was associated with similar drivers, (e.g., fear associated with the infection or the quarantine), beliefs (supra-natural or religious), and blame to self or others for contracting the disease, as well as guilt and shame. Common facilitators of COS were not being aware of one's rights not to be discriminated against due to lack of education or lack of legislation or

Abbreviations: HIV, Human immunodeficiency virus; SARS, Severe acute respiratory syndrome; MERS, Middle East respiratory syndrome

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